

# CLAIMS PACKET

SHIPMENT #: \_\_\_\_\_ ☐ Household Goods ☒ Non-Temp Storage ☐ Hold Baggage

Now that you have timely filed your DD Form 1840/1840-R which identified those household goods that were lost, damaged, or destroyed during a Government-sponsored move, you are ready to file a monetary claim *for those items* against the United States Government for reimbursement.

This office adjudicates and pays claims involving eligible beneficiaries of Department of the Army and Department of Defense. Claims involving members of other branches of service will be transferred to the office having jurisdiction for adjudication/payment. Information on local claims offices is as follows:

BRANCH OF SERVICE	MAILING ADDRESS	PHONE NUMBER	FAX NUMBER
USA	OFFICE OF THE STAFF JUDGE ADVOCATE (*) ATTN: CLAIMS BRANCH 4217 ROBERTS AVENUE SUITE 5030 FORT G. MEADE, MD 20755-5030 <a href="http://www.ftmeade.army.mil/pages/sja/sja_claims.html">http://www.ftmeade.army.mil/pages/sja/sja_claims.html</a>	(301) 677-9898/9960	(301) 677-9758
USN	DEPARTMENT OF THE NAVY Personal Claims Unit Norfolk 9053 First Street, Suite 102 NORFOLK, VA 23511-3605	(888) 897-8217	(866) 782-7297
USAF	Department of the Air Force Claims Service Center AFCSC/JAD 1050 Forrer Blvd Dayton OH 45420-1472 <a href="https://claims.jag.af.mil">https://claims.jag.af.mil</a>	(877) 754-1212	(937) 656-8307
USMC	COMMANDANT OF THE MARINE CORPS MANPOWER & RESERVE AFFAIRS MPR-2 3280 RUSSELL ROAD QUANTICO, VA 22134-5103	(703) 784-9533	(703) 784-9827
USCG	HHG CLAIMS AND CARRIER RECOVERY US COAST GUARD FINANCE CENTER PO BOX 4121 CHESAPEAKE, VA 23327-4121 <a href="http://uscg.mil/mclant/div/claims.htm">http://uscg.mil/mclant/div/claims.htm</a>	(757) 366-6504	(757) 366-6541

## DATES TO REMEMBER:

☐ **Within 70 DAYS** From the date of delivery: A properly-completed **DD Form 1840** ("Joint Statement of Loss or Damage at Delivery" -and- the reverse side (**DD Form 1840-R**) "Notice of Loss or Damage" MUST BE received in a Claims Office. In order to receive the Claims Packet, you must have already complied with this time requirement to identify the specific item(s) to be claimed. You can use photographs to substantiate all visible damages; please take pictures of the entire item and the damaged area.

☐ **Within 45 DAYS** - From the DD 1840-R filing date: \_\_\_\_ The carrier and the claims office have the right to inspect your items listed on the form. **Cooperation with the carrier is essential.** It is always best to check with us before you dispose of or repair any item.

☐ **Within 2 YEARS** From the date of delivery: In order to file your claim, a properly completed Claims Packet along with all documents checked on the Claims Documents Checklist must be received in a Claims Office.

☐ **Within 90 DAYS** - From the date of the adjudication letter: **You must physically retain any damaged items for which you are claiming replacement**, unless prior approval to dispose of the item has been granted by the Claims Office. The carrier (moving company) and/or the Government have salvage rights to those items.

☐ **INSURANCE:** You are required to reveal if you obtained: ☒ **Option "1"** or ☒ **Option "2"** **Carrier Insurance**, which may have covered or partially covered your household goods during this Government-sponsored shipment.

☐ **APPOINTMENTS:** Once all items on the "Claims Documents Checklist" (on the reverse side) are obtained and/or completed, call the Office of the Staff Judge Advocate Claims Office\* (above) at: **(301) 677-9898/9960** for an appointment (**available: Mon-Wed-Thu-Fri between 0800 -1100 hours**). A special time will set aside for you to meet with a Claims Examiner who will review your claim, item-by-item, explaining the amount allowed by regulation through use of the current Depreciation Schedule. All claims are then reviewed and the Chief, Claims Branch/Attorney-Advisor, then certifies approved amounts. Normally, within 2-3 weeks of your appointment, you will receive a direct deposit or a check issued via first-class mail from the servicing Defense Finance and Accounting Service (DFAS).

# CLAIMS DOCUMENTS CHECKLIST

When you have completed and compiled the following checked items on this checklist, please call **(301) 677-9898 or 9960** to obtain an adjudication appointment. Slots are available M-W-Th-F between 0800 and 1100 hours for your convenience.

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- ☐ **DD FORM 1840/1840-R:** A personal copy of this “pink” form was provided to you at the time of your shipment. A Claims Office must **timely receive it within 70 calendar days** of delivery. Please bring it with you at the time of your appointment.
- ☐ **DD Form 1842:** (“*Claim for Loss of Or Damage to Personal Property Incident to Service*”) this is the basic claim form listing shipment information regarding movement of your goods. Please answer the “Yes”/“No” questions about your personal property, read the perjury statement, and sign and date the form. Parts II and III are for use by your Claims Adjudicator and Approving Authority. (The reverse side carries the Privacy Act Statement and Instructions to Claimants.) **Please also refer to the attached example of how to complete the form.**
- ☐ **DD Form 1844:** (“*List of Property and Claims Analysis Chart*”) It is helpful to list each line item in the order as they appear on the front/back of DD Form 1840/1840-R “pink” form. Please **do not use** the term “**gift**”, “**inherited**,” or “**unknown**” and do not leave a blank space. **Refer to attached example of how to complete the form.**
- ☐ **GOVERNMENT-OFFICIAL ORDERS:** Attach a legible copy of your official orders, which authorized shipment of your personal property. Also, provide a legible copy of any amendments to your orders.
- ☐ **SHIPPING INVENTORY:** Bring the original Shipping Inventory with you to your appointment. We will need the entire inventory, not just the portion that pertains to your loss or damage.
- ☐ **GOVERNMENT BILL OF LADING (GBL) SF 1203- OR SERVICE ORDER DD FORM 1164:** A copy may generally be obtained through Transportation. Contact **Fort Belvoir at 1-800-762-7186 or 703-806-4900**; should you have any problem contacting that office, please call our office for further assistance. If your move is local, please provide us with a copy of SF 1034A “Public Voucher for Purchases and Services.”
- ☐ **WRITTEN REPAIR ESTIMATES:** Generally only required for that item expected to be **\$100** or more. If you have multiple pieces of furniture that are damaged in the same shipment, we only need one estimate of repair statement. If the Repair firm states the item is damaged beyond repair, please include comparable replacement cost substantiation when you file your claim. **Items below \$100, no substantiation necessary.**
- ☐ **REPLACEMENT COST:** Generally only required for missing or damaged items beyond repair valued at **\$100** or more. Acceptable replacements cost examples are: A page taken from a current store catalog (AAFES, J.C. Penney, etc.) and/or a written statement from a local business on their stationery. **Items below \$100, no substantiation necessary.** This normally will be the figure from which depreciation is calculated
- ☐ **ELECTRONIC REPAIR REPORT:** Completion of this form is should be by a certified repair technician for all claims **\$100.00** or more relating to Government-sponsored shipment damage to TV’s, VCR’s, Stereo components, Computers/computer components, CD players, etc. Included in the Repair Report must be a statement specifying the nature and severity of the damage along with a determination as to the possible cause(s) of both exterior and interior damage to the item. A separate form is required for each electronic item. **Items below \$100, no substantiation necessary.**
- ☐ **ELECTRONIC ITEMS** A written repair estimate is also required for damaged electronic items. Damaged electronic items with a replacement value of less than **\$100.00** do not require an estimate. **Items below \$100, no substantiation necessary.**
- ☐ **REIMBURSEMENT FOR ESTIMATE FEES:** Some businesses will charge you *up front* to give a written repair estimate for your damaged item. If the business has a refundable estimate fee; (i.e., they will apply the estimate fee paid towards repair of your item), then you may not include the estimate fee in your Government claim. If however, the business’ estimate fee is *non-refundable* (they do not have a policy of applying your estimate fee towards actual repair of your item), you may then include the amount of the estimate fee paid as a line item on your DD Form 1844.
- ☐ **CLAIMANT’S STATEMENT:** For any electronic item that incurred internal damage *but no significant external damage*, the claimant must provide a written statement validating the working condition of the electronic item before shipment.
- ☐ **PROOF OF OWNERSHIP:** Only required for missing items valued at **\$100** or more, which were not individually listed on the Shipping Inventory. Acceptable proof of ownership documentation: The original purchase receipt for the item, itemized credit card account statement, photographs, videotape, or any other document deemed valid by claims personnel.
- ☐ **POWER OF ATTORNEY:** Required if someone other than the sponsor signs the DD Form 1842.
- ☐ **DD Form 619/619-1:** “**Statement of Accessorial Services Performed**” Provided for item re-assembly by the carrier at destination.
- ☐ **DD Form 1299:** “**Application for Shipment and/or Storage of Personal Property**” This form is necessary if you had your household goods placed in non-temporary storage for long term.
- ☐ **DD Form 1797** “**Personal Property Counseling Checklist**” If applicable.
- ☐ **DD Form 1780/1841** “**Government Inspection Report**” If the inspection Branch of JPPSO performed a government inspection, we will need one copy of the report.

# ELECTRONIC/ELECTRICAL REPAIR REPORT

(To be completed by a qualified repair technician)

**Prepared By:** Office of the Staff Judge Advocate, Claims Branch, 4217 Roberts Avenue, Fort Meade, MD 20755-5030

**TELEPHONE:** (301) 677-9898 **TELEFAX:** (301) 677-9686

**Use:** Information provided on this form is used to determine whether damage to an electronic item resulted from mishandling during shipment, if the damage was fair wear and tear, or a manufacturer's defect.

**Instructions to Claimant:** Present this form to a repair facility of your choice for inspection of your damaged electronic/electrical item in order to obtain an estimate of repair. Please use one Repair Report per electronic/electrical item.

**Instructions to Repair Technician:** Complete this form in its entirety to the best of your ability. Please *print*.

CUSTOMER/CLAIMANT'S NAME:

1. Repair Facility's Name & Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Repair Facility's Telephone Number: \_\_\_\_\_

3. Repair Facility's Point of Contact: \_\_\_\_\_

4. Item Examined:

a. Type Of Item: \_\_\_\_\_

b. Manufacturer Name: \_\_\_\_\_

c. Model: \_\_\_\_\_

d. Age: \_\_\_\_\_

5. Was there EXTERNAL DAMAGE to the item listed above? ☐ YES ☐ NO

(If "yes," please describe): \_\_\_\_\_

6. Were there damaged or broken internal components to the item? ☐ YES ☐ NO

(If "yes," please describe): \_\_\_\_\_

7. In your opinion, what do you think caused the external damage or the damaged or broken internal components to this electronic/electrical item? ☐ I Don't Know/Not Sure ☐ Fair Wear and Tear

☐ OTHER: I think the damage was caused by: \_\_\_\_\_

8. I estimate the cost to repair\* the item is \$ \_\_\_\_\_ + \$ \_\_\_\_\_ = \$ \_\_\_\_\_  
(Parts) (Labor) TOTAL

Repair Person's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(\*) Attach an itemized list

ELECTRONIC FUND TRANSFER

**- AUTHORIZATION FORM -**

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 31 CFR 209 and/or 210 and Executive Order 9397, November 1943 (SSN).

**PURPOSE:** Payment of settled claims for personal property losses incident to service.

**ROUTINE USES:** Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Social security numbers are used to assure correct identification of claimants for disbursement to the proper individual and to avoid duplication of payments.

**DISCLOSURE:** Voluntary; however, failure to supply information may result in delay/ denial or prevent processing of payments through the EFT program.

**1. CLAIMANT INFORMATION**

SOCIAL SECURITY NUMBER (SSN):

CLAIMANT NAME:

WORK PHONE:

HOME PHONE:

**2a. TYPE OF ACCOUNT**

☐ Checking ☐ Savings

**2b. TYPE OF PAYMENT**

☒ Claims Payment  
☐ Net Pay  
☐ Travel

**3. DIRECT DEPOSIT ACCOUNT INFORMATION**

A voided personal check may be attached in lieu of completing this section. Please see instructions on the bottom of this form.

ROUTING TRANSIT NUMBER:

ACCOUNT NUMBER:

ACCOUNT HOLDER'S NAME:

FINANCIAL INSTITUTION NAME:

**4. AUTHORIZATION**



CLAIMANT SIGNATURE

DATE



**INSTRUCTIONS:**

JOHN J. TAXPAYER MARY S. TAXPAYER 900 N 500 W My Town, UT 84000		1234
PAY TO THE ORDER OF _____		\$ <input type="text"/>
_____ DOLLARS		
MY TOWN BANK My Town, UT 84000	Routing number	Account number
FOR _____		Do not include the check number
⑆ 250250025 ⑆ 000009876543 ⑆ 1234		
Enter routing number	Enter account number	
250250025	000009876543	
What type of account is it? <input checked="" type="checkbox"/> Checking account <input type="checkbox"/> Savings account		